

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08077

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
420 Cannon St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Chestertown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cannon
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

Martha Rebecca Miller Brady

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced Separated
 6.(b) Name of husband or wife Edw. F. Brady
living 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) March 20, 1869
 8. AGE: Years 78 Months 6 Days I it less than one day hrs. min.

9. Birthplace Queen Anne Co., Maryland
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name LeSage
 13. Birthplace Unknown
 MOTHER 14. Maiden name Martha Rebecca Jackson
 15. Birthplace Maryland

16. Informant Mr. Geo. Albert Miller (son)
 Address 420 Cannon St. Chestertown, Md.

17. Burial Date thereof Sept. 24, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Chester Cem.
Chestertown, Maryland
 Location

18. Funeral director J. Willis Wells
 Address Chestertown, Md.

19. Sept. 24, 1947 Class S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21, 1947 to Sept 21, 1947
 and that I last saw him alive on Sept 21, 1947

Immediate cause of death Crown aneurysm DURATION 2 hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Vinp M. D. or other

Address Chestertown Date signed 9-21-47

RECEIVED

SEP 26 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

Reg. Dist. No.

08078

203

1. PLACE OF DEATH:-

County..... Kent
 City or town..... Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 years
 Hospital, institution, or street address where death occurred:
Piney Neck
 How long in hospital or institution?..... -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Piney Neck
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Margaret Cuxon

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... Wh. 6.(a) Single, married, widowed, or divorced..... widowed6.(b) Name of husband or wife..... William O Cuxon7. Birth date of deceased (mo., day, yr.)..... Nov 17 1863 8.(c) If alive, give age..... years.....8. AGE: Years..... 83 Months..... 9 Days..... 26 If less than one day..... hrs. min.9. Birthplace..... Baltimore, Md
(Town, county, and state)10. Usual occupation..... House

11. Industry or business.....

12. Name..... Henry Wente13. Birthplace..... Germany14. Maiden name..... Sarah Louise Homel15. Birthplace..... Germany16. Informant..... Mrs Wm CuxonAddress..... Rock Hall, Md.17. Buried..... Buried Date thereof..... Mon Sep 15 1947
(Burial, cremation, or removal, which?) month (day) (year)Cemetery or crematory..... Borden Park BaltimoreLocation..... Baltimore18. Funeral director..... Henry Joeschke & SonsAddress..... 7401 Blair Road Baltimore19. Date rec'd by registrar..... 9/12 19..... 47 Registrar..... S. Elwood Burgess

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept 12 19..... 47 at..... 9:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... August 18 19..... 47 to..... Sept 12 19..... 47 and that I last saw him..... alive on..... 9/10/47 19..... 47

Immediate cause of death..... chron. suba. myocarditis
secondary to
hypertension
 Due to..... arterio-sclerosis
hypertension
 Due to..... fractured back due to
fall on 8/16/47
 Other conditions.....
 (Include pregnancy within 8 months of death)

DURATION

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of..... 8/16/47Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... ass't a Burgard

M. D. or other

Address..... Rock Hall, Md Date signed..... 9/12/47

RECEIVED
SEP 22 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08079

Reg. Dist. No. 2102

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 52 years
 Hospital, institution, or street address where death occurred:
400 Cannon St
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 400 Cannon St
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Charles Edward Embert

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mary Elizabeth Embert
 6.(c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) Jan 2 1875
 8. AGE: Years 72 Months 8 Days 1 If less than one day - hrs. - min.

9. Birthplace Queen Anne's Co, Md.
 (Town, county, and state)
 10. Usual occupation Taylor
 11. Industry or business -

FATHER 12. Name Henry Embert
 13. Birthplace Queen Anne's Co, Md.
 MOTHER 14. Maiden name Mattie Richardson
 15. Birthplace Queen Anne's Co, Md.

16. Informant Charles Embert Jr
 Address Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept. 5, 1947
 (month) (day) (year)
 Cemetery or crematory Chestertown Cem.
 Location Chestertown, Md.

18. Funeral director J. Willis Wells
 Address Chestertown, Md.

19. Sept. 4, 1947 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1947, at 150A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12, 1947, to Sept 3, 1947, and that I last saw him alive on 9-2-47.

Immediate cause of death Cerebral Hemorrhage
 Due to chronic Ento-Myocarditis
 Due to Paralysis both sides
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically. -

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Albert G. Burgard
Rock Hall, Md M. D. or other
 Address - Date signed 9/3/47

RECEIVED

SEP 5 1947

BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Cops

932

08080

701

1. PLACE OF DEATH

County

Kent

Registration Dist. No.

Village or City

Horton and Rural

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Mary Selena Gibson

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

O

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John Lewis Gibson

6. DATE OF BIRTH (month, day, and year)

Nov 14 1903

7. AGE

Years

Months

Days

If LESS than
1 day, ----- hrs.
or ----- min.

43

9

17

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Horse
work9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Horton
and Rural

13. NAME

Samuel J. Gibson

14. BIRTHPLACE (city or town)
(State or country)

Horton and Rural

15. MAIDEN NAME

Rosie L. Brown

16. BIRTHPLACE (city or town)
(State or country)Horton
and Rural17. INFORMANT
(Address)Hestertrude Bright
Horton and Rural

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Horton and Rural
Sept 4, 194719. UNDERTAKER
(Address)B. R. Calloway
Still Pond and

20. FILED

Sept 4, 1947 J. H. Healey

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 1

(Month)

(Day)

19347
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

July

1947, to

Sept 1, 1947

I last saw him alive on

Sept 1, 1947

death is said

to have occurred on the date stated above, at 10A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Myocardial infarction
Pulmonary edema

Date of onset

Other Contributory Causes of Importance:

Hypertensive Cardiovascular
diseases
Anemia; B. deficiency

Name of operation

none

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

D. R. Coppola, M.D.

M. D.

(Address)

Chester town, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08081

Reg. Dist. No. 201

1. PLACE OF DEATH:

County KentCity or town Still Pond Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Still Pond md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Sept. 18, 18698. (c) If alive, give age 1869 years8. AGE: Years 78 Months 11 Days _____
If less than one day _____ hrs. _____ min.9. Birthplace Kent Co Md.
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William Hague13. Birthplace Rock Hall md.14. Maiden name Elizabeth Newcomb15. Birthplace Kent Co, md.16. Informant Charles HagueAddress Still Pond md17. Burial Date thereof Oct 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Still Pond, md.Location Still Pond md.18. Funeral director B. R. HellousAddress Still Pond md19. Oct 1 19 47 J. McLaugh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 19 47, at 5 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25, 1947 to Sept 29, 1947
and that I last saw her alive on Sept 28, 1947

Immediate cause of death

Angina Pectoris

DURATION

Due to _____

Due to _____

Other conditions

Injury & arterial
sclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

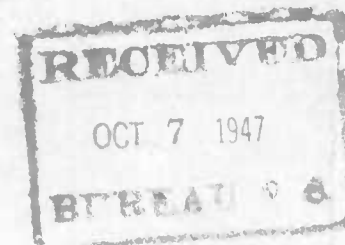
Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Address Still Pond Date signed 10/1/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93

08082

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County..... Kent
City or town..... Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... life
Hospital, institution, or street address where death occurred:
Kent & Queen Anne County Hospital
How long in hospital or institution?..... 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Kent
City or town..... Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 207 Water St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Harriet Ringgold Harris

3. (b) Social Security Number

no

4. Sex..... female
5. Color or race..... white
6. (a) Single, married, widowed, or divorced..... widowed
6. (b) Name of husband or wife..... Allan A. Harris
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) Nov. 3, 1863
8. AGE: Years..... 83 Months..... 9 Days..... 28
It less than one day..... hrs. min.

9. Birthplace..... Kent County Maryland
(Town, county, and state)
10. Usual occupation..... housewife
11. Industry or business.....

FATHER
12. Name..... Samuel Beck M.D.
13. Birthplace..... Kent Co. Maryland
MOTHER
14. Maiden name..... Ellen Constable
15. Birthplace..... Kent Co. Maryland

16. Informant..... Miss. Isabel Beck
Address..... 2646 N. Charles St. Baltimore, Md.

17. Burial..... Date thereof..... Sept. 3, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... St. Paul Cemetery
Location..... Kent Co. near Chestertown, Md.

18. Funeral director..... J. Willis Wells
Address..... Chestertown, Md.

19. Sept. 1, 1947
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 1, 1947, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1947, to Sept. 1, 1947, and that I last saw her alive on August 31, 1947.

Immediate cause of death..... Myocarditis

Due to..... Arteriosclerosis no. of years.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

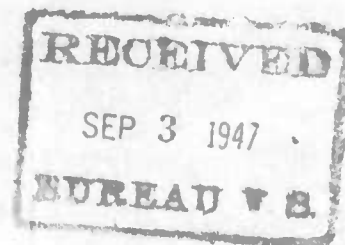
23. SIGNATURE.....
Address.....
Date signed..... Sept 1, 1947

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

08083

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
Water St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Clara Stacy SOLANDT

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife James A. Solandt

7. Birth date of deceased (mo., day, yr.) April 17, 1878 6.(c) If alive, give age _____ years

8. AGE: Years 69 Months 5 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Hampden Mass.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name James A. Stacy
 13. Birthplace Conn.

MOTHER 14. Maiden name Mary L. Whitehill
 15. Birthplace Scotland

16. Informant Mr. Paul A. Solandt
 Address Water St. Chestertown, Md.

17. Burial Oak Grove Cem. Date thereof Sept. 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Springfield - Hampden Co. Mass.
 Location J. Willis Wells

18. Funeral director Chestertown, Md.
 Address

19. Sept. 22, 47 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 19 47 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 19 47 to Sept 19 19 47
 and that I last saw him alive on Sept 19 19 47

Immediate cause of death Cona

Due to Cerebral hemorrhage DURATION 2 days

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE H. Simpson M. D. or other _____
 Address Chestertown Md Date signed 9-20-47

RECEIVED
SEP 23 1947
BUREAU C.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08084

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Chesterdown M.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County KentCity or town Chesterdown

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. Morgues

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George W. States Sr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Lula States6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) April 4 - 18738. AGE: Years 74 Months 5 Days 8 If less than one day

hrs. min.

9. Birthplace Queen Anne Co

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name John States13. Birthplace md14. Maiden name Emily Bratton15. Birthplace md16. Informant Mrs. Lula StatesAddress Chesterdown M.D.17. Burial Date thereof Sept 14 - 47

(Burial, cremation, or removal. Which?) (month) (day) (Year)

Cemetery or crematory CromptonLocation Crompton md18. Funeral director Edgar P. LaneAddress Church Hill md19. Sept. 12, 1947 Clara S. Barnes

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 19 47 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-10 19 47, to 9-12 19 47.and that I last saw him alive on 9-12 19 47.

Immediate cause of death

Dissected HeartArterial Sclerosis

Due to

Due to

Other conditions hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or otherAddress Blue Pond Date signed 9/12/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 15 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

08085

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
Kent & Queen Anne County Hospital
 How long in hospital or institution? life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chestertown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Freddy Henry Thomas

3. (b) Social Security Number

no

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

single6. (b) Name of husband or wife none

7. Birth date of

deceased (mo., day, yr.) Sept. 7th. 1947

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

0004 hrs.50 min.9. Birthplace Chestertown, Kent Co. Maryland
(Town, county, and state)10. Usual occupation none

11. Industry or business

FATHER

12. Name William Frisby Thomas13. Birthplace Chestertown, Md.

MOTHER

14. Maiden name Parzada B. Harrison15. Birthplace New Jersey16. Informant Hospital RecordsAddress Chestertown, Md.17. Burial(Burial, cremation, or removal. Which?) Date thereof Sept. 8, 1947
(month) (day) (year)Cemetery or crematory Quaker Neck (col.) Cem.Location Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. Sept. 8 1947
(Date rec'd by registrar)Clara S. Barnes
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1947 at 4²⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 7 1947 to Sept. 7 1947
and that I last saw him in alive on Sept. 7 1947

Immediate cause of death

Not Known

DURATION

Due to

Due to

Other conditions

Prematurity

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____
Autopsy results No immediate cause of death found at
PHYSICIAN: Please underline the cause to which death should be charged statistically. autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

A.R. Coppola, M.D.

M. D. or other

Address Chestertown Date signed 9-8-47

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
SEP 10 1947
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08086

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Chesterton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kent & Queen Ann. Hospital

How long in hospital or institution?

9 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town 1 mile
(If outside city or town limits, write RURAL and give nearest town)Street No. Chesterton #2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Daisy Turner

3. (b) Social Security Number

213-22-9920

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Late Leta Turner

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 1 1882

8. AGE:

Years

Months

Days

If less than one day

65222

hrs.

min.

9. Birthplace

Fairfax Kent Co. Md
(Town, county, and state)

10. Usual occupation

labour

11. Industry or business

Cannery

FATHER

12. Name

Edward Nichols

13. Birthplace

Virginia

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mr. Milton Willis

Address

Fairfax, Kent Co. Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Sept 27 1947
(month) (day) (year)

Cemetery or crematory

Fairfax

Location

Fairfax, Kent Co. Md.

18. Funeral director

Martin V. Williams

Address

Chesterton, Maryland

19.

Sept 27 1947
(Date rec'd by registrar)Clara S. Barnes
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1947, at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-13-47

19

to 9-231947and that I last saw him alive on 9-23-47 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

5-6 daysDue to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert W. Jan

M. D. or

Address Chesterton Md Date signed 9/25/47

1947
1922
25

40
25
65

July 17th 1922

RECEIVED
SEP 30 1947
BUREAU # 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

08087

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County Kent
City or town Prattville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chattahoochee P.O. #2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Melitta
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Susie J. Waters

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Harry Waters

7. Birth date of deceased (mo., day, yr.) Oct. 16 1897 6. (c) If alive, give age 38 years

8. AGE: Years 49 Months 10 Days 29 If less than one day
hrs. min.

9. Birthplace Chattahoochee, Kent Co. Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business home

12. Name John Wells

13. Birthplace Chattahoochee - Maryland

14. Maiden name Iola Ella Jenkins

15. Birthplace Chattahoochee - Maryland

18. Informant Harry Waters

Address Chattahoochee P.O. #2 Md.

17. Burial Date thereof Sept 17 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory MT Pittman

Location Melitta Kent Co. Md.

18. Funeral director Marvin V. Williamson

Address Chattahoochee Maryland

19. Sept 16 1947 G W Lusk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1947 at 4:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1947 to Sept 15 1947
and that I last saw him alive on 9-14 1947

Immediate cause of death

arteriosclerotic hypertensive disease - cerebral artery
Cerebral accident

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Albert A. Burgard M.D.

Address Rock Hall, Md. Date signed 9/17/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MAINE STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
SEP 19 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County KentCity or town Still Pond
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Still Pond md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M5. Color or race C6.(a) Single, married, widowed, or divorced Widower6.(b) Name of husband or wife Carrie A. White7. Birth date of deceased (mo., day, yr.) June 23 1865

6.(c) If alive, give age _____ years

8. AGE: Years 82 Months 8 Days 23 It less than one day _____ hrs. _____ min.9. Birthplace Kent Co md
(Town, county, and state)10. Usual occupation Farm work11. Industry or business Farm12. Name James White13. Birthplace Kent Co md14. Maiden name Unknown15. Birthplace Kent Co md16. Informant Lillian S. JohnsonAddress Still Pond md17. Burial Date thereof Oct 3 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Still Pond mtnLocation Still Pond md18. Funeral director B. B. BellowsAddress Still Pond md19. Oct 2 1947
(Date rec'd by registrar) Registrar J. McEach

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1947 at 4:50 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1947 to Sept 30 1947and that I last saw him alive on Sept 28 1947Immediate cause of death Coma

DURATION

1 dayDue to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpson M. D. or otherAddress Charlestown Date signed 10-2-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08688

97

AFRICAN LEADER

SAC CONTENT

RECEIVED
OCT 7 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8416
201

1. PLACE OF DEATH:

County KentCity or town Weston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Weston P.O. Md
(If outside city or town limits, write RURAL and give nearest town)Street No. Frontier Church
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Amos Mariah Wilson

3. (b) Social Security Number

4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced widow6.(b) Name of husband or wife Thomas R. Wilson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9 - 18858. AGE: Years 62 Months 6 Days 20 If less than one day hrs. min.9. Birthplace Kennedy, Md. Kent Co. Md
(Town, county, and state)10. Usual occupation Home work

11. Industry or business

12. Name John Henry Taylor13. Birthplace Weston P.O. Kent Co. Md14. Maiden name Rachel J. Wright15. Birthplace Weston P.O. Kent Co. Md16. Informant Cecilia WilsonAddress Weston Md17. Burial Date thereof Oct 2 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FrontierLocation Weston Md Rural18. Funeral director B. R. FellowsAddress Still Pond, Md.19. Oct 2 1947 Registrar J. McLean
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1947 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9.44 to Sept. 28 1947and that I last saw him alive on Sept. 28 1947Immediate cause of death Cerebral thrombosis

DURATION

5 daysDue to HypertensionDue to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lucas Smith

M. D. or other

Address Weston Date signed 9/29/47

